

ORIGINAL OR AMENDED STATEMENT OF ORGANIZATION FORM FOR CANDIDATE COMMITTEES

		URIN FOR CANDIDATE COMMITTEES	
1. Committee ID #: 150449			11. Name and Address of Depositories or Intended Depositor
1			of committee funds. (Michigan Bank, Credit Union or Savings &
2. Type of Filing:			Association)
Original Amendment to Items: Eff. Date: Eff. Date:			a. Official Depository
Amendment to items: En. Date: /			CINMIN DAVE
3. Full Name of Committee:			3858 11-13
MILHAEL J. DUTANCIK FOR 188 DIST COMM.			FINCONNING 48650
INTOMACO TO ATA MODILE FOR THE COST TO PINT,			a. Official Depository Chymin Bank 3858 M-13 Fincowning 48650 b. Secondary Depository
4a. Candidate Full Name (Last, First, M.I.):			
JURNOLLYK, MICHAEL J. 4b. Political Party (if applicable):			
4b. Political Party (if applicable):			12. This item applies only to Gubernatorial Candidate
4c. County of Residence:			Committees: Check if this committee intends to seek qualify
BAY			contributions or make qualifying expenditures.
4d. Office Sought (C			40 MEDTO DI IIO. TILLIA
□Governor	□Lt. Governor	☐State Senator	13. MERTS PLUS: This item applies to committees that file with
□State Rep.	☐Sec. of State	□Attorney Gen.	Michigan Department of State Bureau of Elections only and does apply to candidates that file with the County Clerk's office.
☐State Bd. of Ed.	□UofM Reg.	☐MSU Trustee	apply to calluldates that life with the Country Clerk's Office.
□WSU Gov.	☐Supreme Court	☐Appeals Court	The Campaign Finance Act requires any committee that
☐Circuit Court	□ District Court	□Probate Court	with the Secretary of State and spends or receives \$20,000 in
□Municipal Court			preceding calendar year OR expects to receive or spend \$20, in the current calendar year to file campaign statements
Mocal or other please specify: COUNTY COMMISSION			
4e. District/Circuit # or Jurisdiction: ##/			electronically. Merts Plus software is provided to you free
			charge to assist you in meeting this requirement.
5. Date Committee was Formed: 3 1 19 10 6			☐ Committee spent or received or expects to spend or receive in excess of \$20,000 and is required to file electronically.
6a. Committee Phone #: (989) <u>979 - 5477</u>			
			** OR **
6b. Committee Fax #: (989) 879 - 6288			 Committee did not spend or receive or does not expect to sp
			or receive in excess of \$20,000 and would like to file electronic
6c. Committee E-mail Address:			voluntarily.
MIKE MAYORE HOL, WA			14. Verification: I/We certify that all reasonable diligence was u
7a. Complete Comm. Mailing Address (May be PO Box):			in the preparation of the above statement and that the contents
110 BERMON ST.			true, accurate and complete to the best of my/our knowledge
FIMONING 48650			belief. If filing electronically, we further agree that the signature
7b. Complete Comm. Street Address (May not be PO Box):			below shall serve as the signatures that verify the accuracy
			completeness of each statement filed electronically by the commit
710 BERMUTA St.			I/We certify that all reasonable diligence will be used in
Pinconning 48650			preparation of each statement electronically filed by this commit and that the contents of each statement will be true, accurate a
8. Treasurer Name and Complete Address:			complete to the best of my/our knowledge or belief. (Sign Na
Illighter backsiers			and Date)
110 BERMU	CAST. PINCE	NWING 48650	
Phone #: (99)	879-547		Candidate:
E-mail Address:			
MIKEMAYORE ADLICAM			Mahad Marade 10,000
9. Designated Record Keeper Name and Complete Address:			11.0000 10 10 10 10 10 10 10 10 10 10 10 10
Ū	•	•	Current, Treasurer:
			11 M 11
			1/
Phone #: ()			////hhal///Mungl 10, 24, 08
E-mail Address:		\mathcal{L}	
40.00 000000000000000000000000000000000	AMED DECISE TO		Designated Record Keeper (Required only if filing electronically):
10. REPORTING WAIVER REQUEST: If the committee does			
not expect to receive or expend in excess of \$1,000 in an election and checks this box; the filing requirement of pre, post and annual			10,24.NB
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campaign statements is waived. The Reporting Waiver will be			•